



Prepared Statement of

Stephen L. Robinson

Director of Veterans Affairs

Veterans for America

202-483-9222 (telephone)

srobinson@vi.org

www.veteransforamerica.org

Subcommittee on Disability Assistance and Memorial Affairs of

The House Veterans Affairs Committee

Hearing on

“Impact of Operation Iraqi Freedom and Operation Enduring

Freedom on the VA Claims Process”

March 13, 2007

Steve Robinson is Director of Veterans Affairs with Veterans for America. Steve is a former Airborne Ranger and Instructor at Ranger School. He served as Executive Director of the National Gulf War Resource Center from September 2001 to January 2006. He is a Gulf War veteran and a recognized expert on Gulf War Illness and chemical and biological weapons exposures. Robinson also previously served on the 12-member Veterans Affairs Research Advisory Committee on Gulf War Illnesses and as a Special Advisor to Vietnam Veterans of America.

Chairman Hall, Representative Lamborn, Members of the Subcommittee:

Thank you for the opportunity to testify.

I am Steve Robinson, and I am the Director of Veterans Affairs for Veterans for America, formerly known as the Vietnam Veterans of America Foundation.

VFA unites a new generation of veterans with those from past wars to address the causes, conduct and consequences of war. In my position, I constantly meet with Iraq and Afghanistan war veterans about their needs and concerns.

The recent uproar over the treatment of returning service members at Walter Reed is not simply an issue of dilapidated physical facilities, mice and mold, or inadequacies with one hospital. The issue is much larger. Specifically, there is a systematic failure in both Department of Defense (DoD) and Department of Veterans Affairs (VA) programs designed to address the medical and overall readjustment needs of war veterans. As one example, there appears to be no plan to gather robust consistent data and then closely monitor the 1.5 million deployed Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) service members as they return to duty or reintegrate into civilian society. As a result, we do not have an adequate understanding of the unique needs specific to our newest generation of veterans.

The controversy around Walter Reed reminds Veterans for America of the squalid conditions of the hospitals and the inadequacy of care for the returning service members more than 36 years ago. This topic was on the cover of the May 22, 1970 issue of *Life* magazine, which was the second-highest selling issue in the magazine's history.

Today, the same story is being repeated for a new generation of war veterans. The recent scandals were noticed by many when the *Washington Post* gave the issue national attention, but the alarm bell first rang in a 2003 series by Mark Benjamin, then with United Press International, for which I helped to provide key information.

With Benjamin's reporting, along with that of others, providing ample evidence of a broken, failing system, I am surprised that the nation has not expressed its outrage before now. That said, I am pleased that Congress has begun to execute its oversight authority on this critical issue.

On March 5, 2007, the *Washington Post* reporters who published the series on the Walter Reed situation stated that they were flooded with e-mails, calls, and faxes from service members and veterans recounting similar experiences in military and veterans' hospitals across the country. It was clear to these reporters that the system has failed.

Veterans for America has also been dealing with tremendous numbers of service members, veterans, and their families reaching out to our organization for help. Too often we have encountered unresponsive agencies. We have been painfully aware of the

distress that exists amongst service members and the need to address it. The situation requires immediate remedies, and the effort required will need commitment and leadership from the upper echelons of our government – starting with you, our elected representatives.

The face of the American soldier has changed since Vietnam. The average age of the service members then was just over 19 years old. Today's military is much older. The average age of an active-duty soldier is twenty-seven years. The Reserve and Guard soldier is even older: averaging thirty-three years.

More than 155,000 women have served in Iraq and Afghanistan. Among their ranks are more than 16,000 single mothers. More than half of those deployed are married, and three out of every five deployed service members have family responsibilities (i.e., a spouse and/or children)

Recently the American Psychological Association released an excellent report stating that no serious study has yet been undertaken to define what these new factors mean in terms of the needs of returning service members and their families.

We are all too familiar with the failure to recognize the unique needs of each generation of veterans. For instance, it was not until a decade after the height of the Vietnam War that the Veterans Administration undertook the first study of Vietnam veterans. Years later the National Vietnam Veterans' Readjustment Study was commissioned. Post-

traumatic stress disorder was not recognized as a mental health problem until 1980. We can only guess at the number of veterans whose lives were destroyed because no one understood their needs. In short, we failed an entire generation of veterans.

What's happening today is new chapter in an old book. We have yet to begin to recognize the true needs of the current generation and create programs and services appropriate to their war-related problems.

- What have multiple deployments meant?
- What are the implications of traumatic brain injury being the signature injury of this war?
- What are the effects of so many being constantly exposed to a high degree of violence?
- What does it mean to have the unprecedented survival rates of casualties?

These questions – and many more – need answering.

VFA is especially concerned that service members and veterans are not being provided the mental healthcare they need. There are a number of pressing issues:

- A dramatic rise in less than honorable discharges, and subsequent loss of VA healthcare and benefits,
- Overuse of “personality disorders” to discharge veterans (e.g., use of chapters 5-13, 5-17, 14-12),

- Rise in disciplinary problems related to alcohol and drug use, domestic violence, risk-taking behavior, motor vehicle violations, and other war-related reintegration issues,
- Inadequate staffing in mental health, Medical Evaluation Board-Physical Evaluation Board (MEB-PEB) case work, social work, family care and “seamless transition” programs into the VA network,
- Absence of consistently prompt mental health referrals as part of Post-Deployment Health Assessment process, and
- Absence of Alcohol and Substance Abuse Programs (ASAP) at all military bases.

VFA also believes the VA’s Veterans Benefits Administration (VBA) disability compensation claims process is completely broken.

Many veterans do not receive their benefits in a timely and accurate manner. VBA’s problems are linked strongly to the DoD's failure to manage their disability discharges, as was epitomized by the fiasco at Walter Reed. Just as America saw that active duty service members were denied prompt evaluations and disability benefits, America demands that Congress and VA take immediate action so that no disabled veteran waits endlessly.

Our nation was prepared for the return of troops after World War II. The quality and timelines of veterans' claims is not negotiable.

If both DoD and VA are not overhauled soon, we will see the situation worsen when all of our 1.5 million deployed service members eventually return home from the wars in Iraq and Afghanistan.

Here are the facts:

- As of October 2006, more than 176,000 OEF/OIF veterans filed claims against VBA.
- More than 200 OEF/OIF veterans become disabled every day.
- The rise in the backlog of more than 100,000 claims in two years is directly related to the flood of new Iraq and Afghanistan war claims.
- VBA can expect between 700,000 and 1,000,000 claims in the next ten years.
- VBA can expect to pay between \$67 and \$127 billion in the next ten years.
- As the war escalates and casualties climb, VBA can expect even more claims.
- VBA has not presented a written plan of action so that every VBA employee knows how to produce fast and accurate results

These problems are especially severe for members of the National Guard and Reserve.

Here are some facts:

- 37 percent of active duty veterans have filed for disability compensation.
- Only 20 percent of those who served with National Guard or Reserve units have filed such claims.
- 8 percent of claims filed by active duty troops are denied.
- 18 percent of claims filed by Guard and Reserve soldiers are denied.

In short, while about half as many members of the Guard and Reserve file disability claims as compared to active duty veterans, these claims are rejected at twice the rate.

These statistics beg the question: are our members of the Guard and Reserve again being short-changed compared to their active-duty brothers and sisters?

VBA is broken in a variety of areas.

- It takes six months to decide original claims. VA's stated goal is for this to be accomplished in 90 days.

- It takes 24 months to decide appealed claims; the goal is 12 months.
- As of February 17, 2007, the total backlog of claims was 558,000 -- 402,000 are original claims and 156,000 are appealed claims.
- This backlog is a disgrace. The message being sent is that VBA doesn't care about disabled veterans

VBA's failures hurt veterans many ways:

- Lack of prompt and adequate VA health care,
- Inability to pay bills for food, utilities, etc.,
- Increase in credit problems,
- Rise in evictions and foreclosures, and
- Mounting homelessness.

Here are some "band-aid" approaches that might be utilized to take care of some of the most pressing problems:

First, the signal needs to be sent from the top that the VBA backlog will be reduced soon.

After the tone is set, a number of steps should be taken, including:

1. Insist that VA and DoD better coordinate efforts and become more proactive.
2. Hire additional VBA claims adjudication staff.

3. End the Post-traumatic Stress Disorder (PTSD) “second signature” policy.
4. Stop reviewing 72,000 PTSD cases.
5. End VA's efforts to narrow definition of PTSD via contract with National Academy of Sciences.
6. Grant the presumption of a stressor for deployment to a war zone.
7. Immediately produce quarterly reports on the number of claims by OEF/OIF service members (as required by S. 117). This will allow VBA to conduct trend analysis and determine staffing and budget needs specific for this cohort.
8. Provide sufficient VBA staff for all military treatment facilities and bases so that the Benefits Delivery at Discharge Program (BDD) is fully implemented.
9. Appoint an ombudsman with responsibility and authority to fix transition problems between DoD and VA.
10. Define the war zone (also included in S. 117) so that VBA knows which veterans are eligible for war-related benefits, for data collection and for accurate reports and projections.
11. Hold executives accountable by eliminating bonuses and terminating those who fail to perform
12. Adopt mandatory electronic records at discharge given to veteran and VA within one year.
13. Shift military ratings of disabled service members from DoD to VA and the BDD program.
14. Review and consider Professor Linda Bilmes's proposal to streamline claims.

15. Allow all service members a "second look" for PTSD, TBI, VA healthcare, and VA claims assistance.

We don't need more excuses. A claim delayed is a claim denied

To address these problems, VFA urges members of the Senate to consider co-sponsoring a House version of S. 117, the Lane Evans Veterans Health and Benefits Improvement Act of 2007 which:

- **Requires face-to-face medical exams.** DoD currently requires service members to answer a limited questionnaire to determine if they need to be referred for treatment. Soldiers are typically rushing to return home after a deployment and do not necessarily give these questions sufficient attention. DoD should, instead, conduct mandatory in-person physical and mental health exams with every service member 30 to 90 days after deployment.
- **Extends VA Mental Health Care.** Currently, the VA holds a two-year window to allow newly returning veterans to obtain free health care. Unfortunately, it can take many years for symptoms of PTSD and other mental health problems to manifest themselves. S. 117 provides a five-year window for veterans to receive a free assessment of mental health medical needs by the VA.

- **Defines the Global War On Terror (GWOT).** To accurately determine health care and benefit eligibility for returning service members, the GWOT needs to be explicitly defined in statute. Currently, the Secretary of Defense is not allowing some soldiers serving in GWOT territories to receive combat-related medical benefits.
- **Establishes a GWOT registry to track health care data.** Collect aggregate data on GWOT service members and veterans to monitor their healthcare and benefit use. The data will help lead to better budget forecasting and avoid shortfalls. A similar effort was undertaken after the Gulf War.
- **Requires equal transition services for Guardsmen and Reservists.** A 2005 GAO report found that demobilization for guardsmen and reservists is accelerated and these units receive insufficient transition assistance.
- **Requires Secure Electronic Records.** DoD should provide a full, secure electronic copy of all medical records at the time of discharge.

Again, Veterans for America appreciates the opportunity to submit a statement for this hearing. We reaffirm our desire to work with Congress and the relevant agencies in trying to address these critical needs but, it is important that I reiterate that we will not stop failing our service members and veterans across-the-board until we take a step back,

evaluate their unique needs. We must stop trying to squeeze our new military into a system designed for a previous generation.

Thank you.